NHS Commissioning Board
A special health authority

NHSCBA/20/9/2010/4

BOARD PAPER - NHS COMMISSIONING BOARD AUTHORITY

Title: Partnership agreements
Clearance: Bill McCarthy, National Director: Policy
Purpose of Paper: • to present to the Board for approval, a set of partnership agreements between the NHS Commissioning Board (NHS CB) and six key partner organisations (enclosed in Annexes A – F).
Key Issues and Recommendations: The paper sets out: • the strategic need for partnerships; • details of progress in developing partnership agreements; • a summary and status update of the partnership agreements included in Annexes A – F; • details of how partnerships will support the work of the NHS CB; and • a summary of the governance arrangements for the partnerships.
Actions Required by Board Members: • approve the partnership agreements included in annexes A – F; • give delegated authority to the Executive team to further develop the agreements.

Suite of partnership agreements with statutory partners

Introduction

1. This paper presents for the Board's approval a set of partnership agreements between the NHS Commissioning Board (NHS CB) and six key partner organisations. The paper sets out:

   - details of the progress made in developing partnership agreements;
   - a summary of the status of the partnership agreements included in annexes A–F;
   - how partnerships will support the work of the NHS CB; and
   - a summary of the governance arrangements for each of the partnerships.

2. The partnership agreements have been prepared following the progress report on the development of the NHS CB's partnership strategy provided for the Board at its last meeting in July.

Context

3. The partnership agreements and the issues covered in this paper relate to the NHS Commissioning Board Authority's (NHS CBA's) corporate objective on developing excellent relationships.

4. The NHS CB will need to collaborate and cooperate with organisations at national and local levels in order to achieve the goals of improving outcomes, meet the requirements of the mandate and ensure that the NHS operates within the financial resources available. The progress report to the Board in July explained why this is such a priority.

5. Partnership agreements provide a framework for cooperation by clarifying organisations' shared purpose, joint priorities and how they will work together. Effective partnerships will of course require more than written agreements. Leadership commitment, the development of good relationships and on-going dialogue between partner organisations will be essential. We are doing a good deal of work with other organisations to ensure these elements are in place.

Progress in developing partnership agreements

6. The NHS CBA's Future Design Group (FDG) agreed in April 2012 that formal partnership agreements should be in place with six of the NHS CB's partner organisations by October 2012 when the NHS CB is formally established as an executive non departmental public body (ENDPB). The Board agreed in July that a further partnership, with Health Education England (HEE), should be added to this initial group.

7. The six statutory partner organisations with which formal partnership arrangements have been initially pursued are:

- Care Quality Commission (CQC)
- Health Education England (HEE)
- Public Health England (PHE)
- National Institute for Health and Care Excellence (NICE)
- Monitor
- NHS Trust Development Authority (NHS TDA)

8. The agreements are all at different stages of development. This reflects to some extent the different stages in which organisations are in their own development and recruitment to senior posts. So, for example, the agreement with HEE is not included in the Annexes as their senior team has only recently been appointed and, understandably, have asked for more time to work with us on the agreement.

9. In addition to these agreements a concordat has been developed with the Local Government Association (LGA). This is of a different nature in so far as the LGA is a representative body, acting on behalf of its member local authorities. The NHS CBA has chosen to prioritise the concordat with the LGA for early agreement because of the unique nature of the relationship between health and local government. The concordat provides an important strategic framework for the operational relationship between local authorities (with their own statutory responsibilities) and the NHS CB's local area teams.

10. Work has been undertaken over recent months to build relationships and co-produce partnership agreements with each of these organisations. The agreements that have been developed are attached at annexes A–F.

11. The relationship between the NHS CBA and the Department of Health (DH) is not addressed in these partnership agreements. It is covered by the framework agreement between the two organisations, which will be refreshed when the NHS CB is established as an ENDPB.

12. In addition, an agreement has been developed between the NHS CBA and DH under Section 7a of the NHS Act 2006, to delegate responsibilities to the NHS CB to provide a range of public health functions. A separate paper is being presented to the Board on this agreement.

13. In parallel with the development of these initial formal agreements, the NHS CBA continues to develop relationships with other organisations and groups, as part of its overall partnership strategy. The arrangements which underpin these wider partnerships will vary, depending on the nature and complexity of the relationships.

Structure of partnership agreements

14. The approach to each of the initial partnership agreements has been tailored to suit the individual relationship. However, each agreement sets out:

- the context and shared purpose of the partnership;
- joint priorities; and
- the governance arrangement for delivering these joint priorities.

15. Throughout we have kept a focus on how we work together with partners to improve health outcomes and quality of care; deliver commitments to the public in the NHS Constitution; reduce health inequalities; and ensure that patients and public have greater choice and control of their health and care.

16. The overarching purpose of each agreement and details of how it will support the work of the NHS CB are summarised below:

- **CQC**: the partnership will facilitate the common objective of supporting and promoting the delivery of safe and good quality care for patients. This is fundamental to meeting the improvement responsibilities of the NHS Outcomes Framework, including domain 5: *Treating and caring for people in a safe environment and protecting them from avoidable harm.*
- **HEE**: excellent health and healthcare depend on a highly skilled and educated workforce. Partnership working will help to ensure that the strategic framework for education and training and workforce planning reflects commissioning priorities.
- **PHE**: a joint approach will facilitate the shared objectives of reducing inequalities and improving outcomes and enhancing population health. For example, ensuring appropriate population advice is available to the NHS from the public health system will enable informed commissioning and service delivery decisions to be made, and continuous improvement to be achieved.
- **NICE:** NHS CB and NICE share the objectives of facilitating high quality care and improved outcomes for patients, whilst guiding practitioners and those who support them in providing effective and cost effective practice. The partnership provides an opportunity to enhance the dissemination and adoption of NICE guidance and quality standards, which will help drive improvement across all five domains of the NHS Outcomes Framework. It will also ensure that the NICE work programme reflects the NHS CB's strategy.
- **Monitor**: the partnership agreement provides an overarching framework for collaboration on sector regulation issues, including priority areas such as service integration, tariff, choice and competition, and continuity of services in the event of provider failure. It will ensure that the regulatory system for NHS care supports improved outcomes for patients and strengthens incentives for improvement.
- **NHS TDA**: through working in partnership, the NHS CB and NHS TDA can address the joint objectives of improving service quality, outcomes for patients and integration of services within the resources available. A collaborative approach will drive improvement across all five domains of the NHS Outcomes Framework.

17. The concordat between the NHS CB and the LGA provides a joint commitment to supporting health and wellbeing boards, shared system leadership, joint planning, improvement and innovation. It will support a holistic approach to meeting the health and care needs of local populations. This collective approach has the potential to facilitate improvement across the NHS, social care and public health outcomes frameworks.

Approval Processes

18. Partnership agreements are being approved by the Boards or equivalent of each of the parties.

19. The governance processes and timescales of each of the partner organisations vary. As a result, the partnership agreements presented with this paper are at different stages in the approval process. Whilst the boards of some organisations have not yet formally approved the agreement, drafts have been shared and discussed extensively and agreed in principle between officials. Table 1 below summarises the status of each agreement.

Table 1: approval status of partnership agreements

Partner	Status of agreement
CQC	The agreement is due to be presented to a future CQC board meeting for approval. The date is yet to be confirmed.
HEE	The agreement will continue to be developed and presented to future HEE and NHS CB board meetings for approval.
PHE	The agreement is due to be presented to a future PHE board meeting for approval. The date is yet to be confirmed.
NICE	The agreement is due to be presented to the NICE board meeting for approval, on 19 September 2012.
Monitor	The outline agreement presented here will continue to be developed and presented to a future Monitor board meeting for approval.
NHS TDA	The agreement is due to be presented to the NHS TDA board meeting for approval, on 27 September 2012.

20. The LGA approved the draft compact on 14 July 2012.

Summary of governance arrangements

21. National directors will take the lead responsibility within the NHS CB for specific partnerships (as detailed in the progress report to the Board in July) and will establish appropriate governance mechanisms for them. The agreed joint priorities will be delivered by the appropriate team within the NHS CB, supported by the partnerships team.

22. Governance arrangements to support the partnerships will include Board–to–Board meetings, which will provide an opportunity for non-executive input. There will also be regular meetings between senior management teams,

regular meetings between local, regional and national teams, steering groups and task-and-finish groups to achieve specified objectives. We are working with partner organisations on a forward programme of meetings. We envisage one annual Board-to-Board or equivalent meeting with each organisation. We will aim to spread these over the year and possibly to dove-tail with existing Board meetings to limit time commitments on Board members.

Resource implications

23. There are no significant additional resource implications of the partnership agreements for the NHS CBA. The approach to partnership working has been accommodated within the design of the NHS CB's structures.

Legal implications

24. There are no major legal implications attached to the partnership agreements which need to be considered by the Board. The agreements are not legally binding and have been entered into voluntarily by all of the parties. However, they have been framed to ensure that they address all relevant statutory powers and duties.

Equality and diversity

25. Full consideration has been given to equality and diversity issues in the development of the NHS CBA's approach to partnership agreements. The overall approach to partnership working will support the NHS CB in its duty to promote equality and eliminate discrimination.

Communication

26. There has been extensive internal communication and engagement within the NHS CB on the development of the approach set out in this paper, including workshops with directorate design leads and discussion by FDG.

27. Externally, members of the partnerships team have made presentations at a range of events and had continuous engagement with partner organisations. This activity will continue.

28. A communications plan will be developed when partnership agreements are completed.

Recommendation:

29. The Board is requested to:

- **approve** the partnership agreements in annexes A – F as the basis for further work with partner organisations;
- **give** delegated authority to the Chief Executive to further develop the agreements as appropriate and finally approve them;

- **give** views on how non-executives might want to engage with partners.

Bill McCarthy
National Director: Policy
September 2012

Partnership Agreement between:

National Institute for Health and Clinical Excellence
and
NHS Commissioning Board

September 2012

Version 15
Updated 10 09 2012

Joint Statement

NHSCB and NICE share the objectives of facilitating high quality care and improved outcomes for patients, whilst guiding practitioners and those who support them in providing effective and cost effective practice. Our partnership provides an opportunity to engage actively and constructively, with commissioners and clinicians, and with patients, carers, the public and other stakeholders. We share a common purpose to enhance the dissemination and adoption of NICE guidance and quality standards, which will help drive improvement across all five domains of the NHS Outcomes Framework.

Signature Prof Sir Michael Rawlins	Signature Prof Malcolm Grant
Signature Sir Andrew Dillon	Signature Sir David Nicholson

1. Context and Shared Purpose

Purpose

1.1 This agreement sets out the nature of the partnership between the NHS Commissioning Board (NHSCB) and the National Institute for Health and Clinical Excellence (NICE); the guidance, advice and other products that NICE will provide for the NHS and which will be commissioned by the NHSCB; the support the NHSCB will provide for the implementation of NICE guidance and quality standards; and the management arrangements to be put in place in order to manage the partnership agreement and the activities which it describes.

1.2 This agreement will sit alongside and be consistent with others which NICE will have covering the services it will provide for Department of Health and Public Health England. It will also recognise the responsibility that NICE has to deliver its guidance and advice to the Devolved Administrations

Ambition

1.3 NICE and the NHSCB share a vision for creating value for patients by enabling the NHS to deliver high quality care designed to achieve the best outcomes, and for the NHS by guiding practitioners and those who support them to deploy effective and cost effective practice. NICE and the NHSCB intend to do this by engaging actively and constructively with each other, by working with commissioners and clinicians, and by using the input of patients, carers, the public and other stakeholders. This common purpose is enabled by primary and secondary legislation which sets out the functions of the NHSCB and NICE as non-departmental public bodies and which describes the circumstances in which the two bodies are expected to work together (see Annex A).

Roles

1.4 **NICE:** NICE guidance supports health and social care professionals and managers in making sure that the care they provide is of the best possible quality and offers the best value for money. It has a statutory role that encompasses the development of quality standards, advice, information and recommendations about NHS, public health and, from 1 April 2013, social care services. NICE provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation. Its guidance is for the NHS, local authorities, the third sector, and anyone with a responsibility for commissioning or providing healthcare, public health or social care services. It also supports these groups in

putting NICE guidance into practice. Topics are referred to NICE – either individually or as programmes of work - by the NHS Commissioning Board, by the Department of Health, by Public Health England, and by individual clinicians, patients and by life sciences companies for those programmes for which there is no formal topic selection process. Topics are selected on the basis of published selection criteria.

1.5 NICE also produces a range of other products, including evidence summaries on new medicines, guidance on best practice in prescribing, and an on-line evidence portal for health and social care (NHS Evidence) that includes books and journals purchased on behalf of the NHS. NICE holds the contract for BNF and supports online access through mobile applications. It also provides information on new drugs in development through a restricted database for horizon-scanners (UK Pharmascan).

1.6 **NHSCB:** The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The Board will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

1.7 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas such as quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

1.8 NHSCB will commission NICE to develop Quality Standards for the provision of NHS services. The NHSCB will be responsible for framing the remit of each Quality Standard, but cannot determine the content. Subject to regulations, the NHSCB may direct NICE to develop advice, guidance, information and recommendations in relation to NHS services, but it cannot direct NICE as to the their substance. The NHSCB will have regard in its work to the Quality Standards and will working in partnership with NICE to develop a forward work programme for the relevant programmes.

1.9 The Department of Health is the sponsoring body for both the NHSCB and NICE, and as such will have a separate relationship with each body. . In the context of this agreement, the Department will:

- Set and maintain the policy, legislative and financial framework governing the work of NICE and the NHSCB;
- Develop and agree a mechanism that will sit alongside the bilateral agreements, which will bring together NICE, the NHSCB, DH and other relevant parties to identify opportunities to co-ordinate and align NICE commissions, to increase effectiveness, value for money and encourage integration.

- Allocate the resources to both bodies to enable them to deliver on their statutory functions.

Principles

1.10 The partnership will be:

- Mutually supportive, respecting the statutory status and independence of both organisations
- Valued at the highest levels of both organisations, with visible leadership, clear lines of accountability, and a coherent corporate approach;
- Open and transparent, with both organisations sharing information, to inform good decision-making and to minimise risk;
- Efficient, with business processes designed to deliver outputs quickly, facilitate rapid communication between the partners and to enable the partnership to change and develop.

2. Joint Priorities

Guidance and advice developed by NICE

2.1 The guidance, advice and other products developed by NICE will include but will not be limited to:

- Quality standards and clinical guidelines
- Indicators for the Quality and Outcomes Framework and for the Commissioning Outcomes Framework
- Medical technologies and diagnostics guidance
- Interventional procedure guidance
- Medicines and prescribing advice
- Evidence updates
- Technology appraisals
- Evidence summaries for new medicines and unlicensed/off-label drugs
- NHS Evidence information resources
- External guidance provider accreditation
- UK Pharmascan
- British National Formulary
- Implementation support
- Guidance and Quality Standards that cross the NHS, public health and social care sectors

The NHS Commissioning Board will exercise the lead commissioning role for NHS-facing programmes, other than where the lead role is shared with DH. The DH will take the lead role in commissioning non NHS-facing programmes.

In addition, NHSCB may ask NICE to prepare Commissioning Guidance on its behalf.

2.2 A detailed schedule of products and services under both categories will be incorporated into the NICE annual business plan.

Support from the NHSCB for implementation of NICE products

2.3 The NHSCB will support the uptake of NICE guidance and quality standards by NHS commissioners by:

- Ensuring that any commissioning resources or guidance issued by the NHSCB reflect relevant NICE guidance and quality standards
- Taking account of relevant NICE guidance in its directly commissioned services
- Taking account of NICE guidance in the development of the national tariff
- Working with NICE to understand the uptake of NICE guidance
- Prioritising the inclusion of indicators based on quality standards in the Commissioning Outcomes Framework
- Avoiding developing or commissioning overlapping or duplicative products
- Ensuring close working between the NHSCB programme of change to achieve alignment with and support for uptake of NICE guidance

3. Governance for Delivering Joint Priorities

NICE business and strategic plans

3.1 In order to allow NICE to manage its services for the NHSCB, the Department of Health and for Public Health England, and to support its Service Level Agreements with the three devolved administrations, NICE will produce a single 3 year Strategy, updated annually, and a single annual Business Plan. Both documents will bring together and reconcile the bilateral agreements reached between NICE and the organisations which commission work from it.

NICE annual work programme for NHSCB

3.2 The annual work programme will detail the specific products that NICE will deliver for the NHSCB and the devolved administrations, including the costs and volumes of the commissioned work. The process for agreeing the annual work plan will need to dovetail with the timeline for developing the annual business plan, which begins in the autumn and needs to be in place by April each year.

3.3 Topics for NICE's programmes are generated from a number of sources. In order to ensure the coordination of referrals, the NHSCB, NICE and the Department of Health will meet to ensure the efficient management of the referral and topic sequencing process.

NHSCB Strategic framework

3.4 The NHSCB's strategic framework for NICE will set out its commissioning intentions for each product or programme over a 3 year period. It will include an overview of the predicted costs and volumes of the commissioned work together with the mechanisms through which this work will support the NHS in delivering against the NHS Outcomes Framework. It will also set out the actions which the Commissioning Board will take to support the uptake of NICE guidance. The agreement will provide context for the annual work programme, including any amendments to the core commissioned programmes or their application in the NHS which could improve their impact and which may be introduced in the second or subsequent years of the agreement.

Process and timetable

3.5 The steps and the figure set out below indicate the process the partners will follow in setting up the annual work programme and strategic framework and how both fit into the process and timetable for producing NICE's annual strategy and business plan.

Step 1 June (NICE and NHSCB)
Review the previous year's performance.

Step 2 July to September (NICE and NHSCB)
Consider and agree changes to the strategy and propose amendments to the annual work programme. Review priority topic areas for quality standard development.

Step 3 October (NICE, NHSCB and DH)
Review and reconcile commissioning intentions and indicative funding.

Step 4 November and December (NICE)
Produce integrated business and strategic plans.

Step 5 January to March (NICE, NHSCB and DH)
Confirm funding and review, and sign off final business and strategic plans.

Figure 1. Outline business and strategic planning process

	NICE and NHSCB	NICE, NHSCB and DH	NICE
June	Review previous year's outputs and performance		
September	Consider and agree changes to the strategy and the programmes		
October		Review and align commissioning intentions and indicative funding	
December			Produce integrated draft business and strategic plans
March		Confirm funding and sign off of NICE business and strategic plans	

Monitoring and arrangements for engagement

3.6 In addition to the meetings involved in the business and strategic planning process, NICE, the NHSCB and DH will meet on a quarterly basis, in July, October and January to review progress against the business plan. NICE and the NHSCB's National Domain Leads will meet on a 6 monthly basis to consider emerging clinical priorities and to consider support for implementation of NICE guidance and standards. The Chairs and Chief Executives of NICE and the NHSCB will meet on an annual basis, in early October, to consider strategic issues and to review the operation of the partnership agreement. Other regular meetings and information exchanges relating to individual products or programmes can take place on an ad hoc basis. Annex B summarises the arrangements.

Arrangements for the Partnership Agreement

3.7 This partnership agreement will be effective from 1st October 2012, and will be reviewed annually. Our aim for this agreement is to have an enduring document, which describes how we intend to conduct our relationship. This will be supplemented by the annual planning process, and the strategic planning process, described above.

Annex A

NHSCB and NICE: Legal framework for interaction

General

- The 2012 Health & Social Care Act establishes the NHS Commissioning Board (from Oct 2012) and NICE (from April 2013) as Executive Non-Departmental Public Bodies.
- The Act enables Secretary of State to make payments to both organisations out of money provided by Parliament.
- Both organisations have a duty to co-operate with each other in the exercise of their respective functions.
- The Act also provides that if the Secretary of State considers either organisation is failing to discharge its functions and the failure is significant, he can intervene.

Quality standards:

- These are a function of NICE, described in primary legislation.
- The NHSCB may commission NICE to develop Quality Standards for the provision of NHS services. It is responsible for framing the remit of each Quality Standard but cannot determine the content.
- The NHSCB and the Secretary of State may jointly commission NICE to develop a Quality Standard in relation to the same or connected matters.
- An NHS Quality Standard has effect once it had been endorsed by the NHSCB.
- The NHSCB and the Secretary of State for Health must "have regard to" NICE Quality Standards in discharging their 'improvement duties'.

Advice and Guidance on quality matters:

- This is a function of NICE, described in primary legislation.
- NICE must give advice or guidance on any quality matter to the NHSCB should it require it. For this purpose, 'quality matter' is defined as a matter on which NICE could be asked to develop a Quality Standard.

Advice, guidance, information and recommendations:

- These are further functions of NICE and will be described in secondary legislation.
- Subject to regulations, the NHSCB may direct NICE to develop advice, guidance, information and recommendations in relation to NHS services - but it cannot direct NICE as to the substance of these.
- Regulations may make provision about charging for this work.
- It is the Government's policy intention that secondary legislation will require commissioners (CCGs, NHSCB or Local Authorities as relevant) to

make funding available within three months for treatments recommended by NICE's technology appraisal guidance, unless that requirement is waived in an individual case.

Commissioning Guidance:

- These are functions of the NHSCB.
- The NHSCB may direct NICE to exercise any of its functions in this area: for example by preparing commissioning guidance on its behalf, disseminating the guidance or providing related advice to the Board

Training

- These are further functions of NICE and will be described in secondary legislation.
- Subject to secondary legislation, the NHSCB may direct NICE to provide or facilitate the provision of training.
- Regulations may make provision about charging for this work.

Additional Functions:

- NICE may carry out additional functions (including for the NHSCB) as long as this is connected to the provision of health and social care and provided that the work does not interfere with NICE's core functions.
- Regulations may make provision about charging for this work.

Annex B

Reporting and engagement meetings

Meeting	Purpose	Frequency	NHSCB	NICE	DH
Ad hoc operational	Resolution of operational issues relating to individual products or programmes	As required	Director of Quality, Director of Partnerships	Directors or Associate Directors	As required
Regular monitoring	Review of performance against business plan targets	Every 3 months	Domain Leads, Director of Quality and Director of Partnerships	Executive Directors	Sponsor Branch team
National clinical leads	Consideration of merging clinical priorities	Every 6 months	Medical and Nursing Directors and Domain Leads	Health and Social Care and Centre Directors	As required
Strategic review	Review of the operation of the partnership agreement	Annual	Chairman and Chief Executive	Chairman and Chief Executive	N/A

NHS Trust Development Authority

NHS Commissioning Board
A special health authority

Partnership Agreement between

NHS Trust Development Authority and NHS Commissioning Board

September 2012

Joint Statement

Through this partnership agreement we commit the NHS Commissioning Board and to NHS Trust Development Authority to working in partnership and to supporting each other in carrying out our respective roles and responsibilities for the benefit of patients, users of services, their carers, and the public.

Our shared approach to working together will be characterised by openness and honesty; by a commitment to ongoing engagement on issues of mutual interest and importance; and by early and pro-active information sharing.

Signature Sir Peter Carr	Signature Prof Malcolm Grant
Signature David Flory	Signature Sir David Nicholson

1. Context and Shared Purpose

Purpose

1.1 This agreement sets out the nature of the partnership between the NHS Trust Development Authority (NHSTDA) and the NHS Commissioning Board (NHS CB). It summarises how the two organisations intend to work together to carry out their respective functions for the benefit of patients, users of services, their carers, and the public.

1.2 The agreement identifies a number of priorities which will be the focus of joint working in the first year of this partnership. It sets out the intention of the partners to establish management arrangements to support and oversee this partnership working, and to enable it to develop and mature as the new health and social care landscape takes shape.

1.3 This agreement will sit alongside others, which both NHS CB and NHSTDA have in place with other partners in the wider health and social care system. It will be reviewed regularly to ensure that it continues to reflect our collective ambitions and priorities.

Roles and Responsibilities

1.4 The detailed roles and responsibilities of the NHS CB are set out in the Health and Social Act 2012, while the role of the NHSTDA is set out in its establishment order.

NHS CB

1.5 The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The Board will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

1.6 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

NHSTDA

1.7 The NHSTDA is a Special Health Authority that will manage the performance, assure, and improve the clinical performance, governance and risk in NHS trusts and support them to become NHS foundation trusts (FT). It will also make appointments to NHS trusts, including chairs and non-executive directors.

1.8 The Government's vision is for an NHS with fully autonomous and accountable healthcare service providers (hospitals, ambulance services, mental health services and community services). The NHSTDA is a key enabler to support NHS trusts to become a FT or find another organisational form and will provide essential oversight and performance management for the long term.

Key Responsibilities

1.9 The National Quality Board's (NQB) report on the quality architecture in the new system[1] sets out more detail on the particular roles of the organisations with regard to the quality of care.

1.10 Both organisations will have interactions with NHS Trusts. Clarity of roles is therefore particularly important in this area.

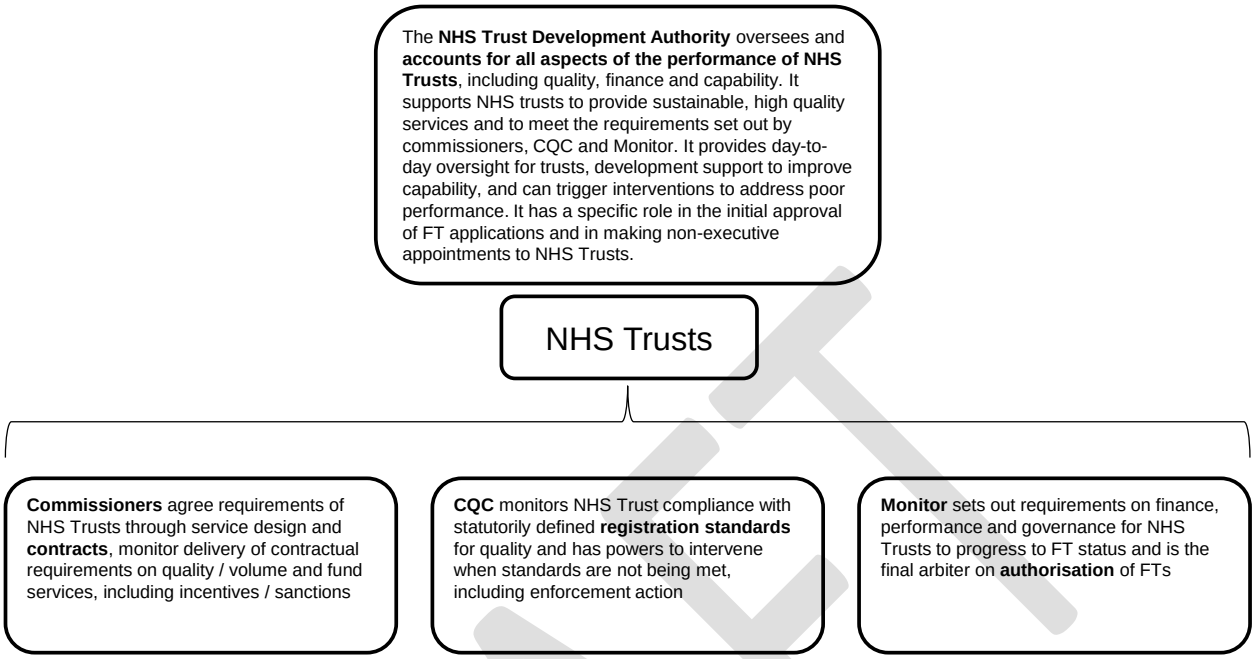
1.11 The NHS CB will commission some services directly from NHS Trusts and will oversee the role of CCGs in commissioning other services. In so doing it will have oversight of NHS Trust performance against commissioner requirements and contractual standards, and will fund a significant proportion of the services provided by NHS Trusts. It will also oversee service innovations which may affect NHS Trusts and provide support and endorsement for NHS Trust applications for Foundation Trust status.

1.12 The NHSTDA will oversee all aspects of NHS Trust performance, ensuring that NHS Trusts provide sustainable, high quality services and proceed to Foundation Trust status or another organisational form. The NHSTDA is responsible for oversight of clinical quality, performance and finance and for developing capacity and capability in NHS Trusts. It will approve FT applications to proceed to Monitor and can intervene to address poor performance. The NHSTDA will make non-executive appointments to NHS Trusts and support transactions and other provider-led organisational changes.

1.13 Fig 1, below summarises the respective roles of the NHS CB, NHSTDA and regulatory organisations with respect to NHS Trusts:

[1] http://www.dh.gov.uk/health/2012/08/quality-new/

Fig 1: Responsibilities relating to NHS Trusts



2. Joint Priorities

2.1 The partnership between the organisations will operate on a number of levels, including:

- **Strategic** – where the organisations will seek to align overall goals and support each other's strategic objectives;

- **Operational** – where the organisations will develop clear approaches to dealing coherently and effectively with a range of operational matters, particularly those relating to the quality of services provided for patients; and

- **Cultural** – where the organisations will seek to promote common values, based on those in the NHS Constitution, and constructive behaviours.

Shared Strategic Goals

2.2 The NHSTDA and NHS CB commit to the following shared strategic goals:

- Improving outcomes;
- Putting patients first;
- Developing sustainable, high quality services across England;
- Strengthening the provider sector;
- Increasing clinical and staff engagement in commissioning and provision;
- Improving value for money;
- Increasing the integration of services; and
- Developing leadership capacity in the NHS.

2.3 The two organisations will work together on the development of strategic goals and in putting strategies into action.

Operational commitments

2.4 The NHS CB and NHSTDA will work closely together in a number of operational areas, both nationally and locally.

Quality of care

2.5 The NHSTDA and NHS CB both have important responsibilities for ensuring high quality care is delivered by NHS Trusts. In discharging these responsibilities, the organisations commit to:

- Early and open sharing of relevant information about the quality of care;
- Joint work on quality surveillance as part of the Quality Surveillance Group and Risk Summit system recommended by the National Quality Board (NQB);
- A common approach to monitoring the quality of care through the quality dashboard endorsed by the NQB;
- A common commitment to effective handover, conduct of rapid response reviews and assurance of provider Cost Improvement Programmes in line with the advice set out by the NQB on these issues;
- The NHS CB acting where relevant as a source of clinical advice to the NHSTDA in recognition of the NHSCB's role in this area and the clinical advisory system (including clinical networks and senates) which it oversees, and the NHSTDA providing advice to the NHS CB where relevant;
- Close co-ordination of clinical interventions in NHS Trusts where these are needed to ensure high quality care or protect patient safety; and
- Joint working with the **Care Quality Commission** and other relevant bodies on all of these issues and to ensure that the overall approach to quality oversight is proportionate and aligned.

Planning, performance monitoring and intervention

2.6 The NHS CB and NHSTDA both play important roles in developing and overseeing plans for commissioners and NHS Trusts. The two organisations commit to:

- Engagement and co-ordination on respective planning requirements and rules;
- Developing mutually effective assurance processes and agreeing any dispute resolution process;
- Sharing information as part of the process of monitoring performance against plans;

- Working with Monitor, early engagement on tariff and price-setting to ensure all perspective are considered;

- Working with Monitor and the Department of Health, developing and monitoring a four-way agreement on broad financial parameters for the system; and

- Working together to agree a joint approach to intervention when there are performance or financial problems in local health systems involving NHS Trusts.

Development and transformation

2.7 The NHSTDA and NHS CB share a mutual commitment to increasing leadership capacity and to service improvement and transformation. The organisations commit to:

- Recognise and promote the importance of leadership development. The NHSTDA will be an active participant in the work of the NHS Leadership Academy, hosted by the NHS CB. The NHS TDA will promote and endorse the Academy's products for NHS Trusts and the Academy will ensure its work prioritises the need for NHS Trusts to improve both executive and non-executive capability;

- Ensure resources are available to support improvement through the Improvement Body to be hosted by the NHS CB;

- Pursue joint opportunities for leadership development and broader education; and

- Promote the NHS Change Model as a guide to improvement and transformation across the system.

Style and Behaviour

2.8 The over-arching approach to operational working will be characterised by:

- Openness and honesty;

- Engagement on issues of mutual interest and importance; and

- Early and pro-active information-sharing.

3. Governance for Delivering Joint Priorities

Formal Governance

3.1 The Boards of the two organisations will meet together each year to discuss the overall partnership and common priorities. The Board-to-Board meeting will be the overall governance forum for this partnership agreement, which will be refreshed annually to reflect changes and developments agreed in the meeting.

Practical working arrangements

3.2 To maintain an effective working relationship, the NHS CB and NHSTDA will ensure there is regular contact and close working at both national and sub-national levels of the organisations, including between professional leads and leaders covering common geographical areas.

3.3 Monthly meetings will be held at Director level, to co-ordinate ongoing work and priorities, through a partnership group. The lead director responsible for the partnership in the NHS CB will be the Chief Operating Officer, supported by the Director of Partnerships and the corporate partnerships team. The lead director for the NHSTDA will be the Director of Strategy

3.4 Quarterly meetings will be held at chief executive level. It is expected that any disputes or areas of disagreement on key policy or operational issues between the two organisations will be resolved at this level.

3.5 The two organisations will undertake further work together to agree the details and specification of any corporate services and facilities to be shared between them.

Joint Agreement between:

Care Quality Commission and NHS Commissioning Board

September 2012

Joint Statement

This agreement sets out the strategic intent and commitment for the Care Quality Commission (CQC) and the NHS Commissioning Board (NHS CB) to work together.

We recognise our respective statutory responsibilities and independence, but will always seek to collaborate and cooperate when relevant and appropriate to do so in delivering our core functions and in the course of our day-to-day working relationship. This agreement establishes an initial framework for our working relationship, setting out the priority areas where we will collaborate and the governance framework we will use.

In delivering our aims we recognise a common, significant set of challenges including an ageing population, integrating services locally and the financial pressures in the public sector and commit working together at all levels to achieve our aim of ensuring safe and effective high quality care which improves health outcomes for patients and reduces inequalities.

Collaboration must go beyond the words written in this document: it must be embedded into everything we do and the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for truly transformational change, during transition and improving outcomes for patients and users of services.

Signature Dame Jo Williams	Signature Prof Malcolm Grant
Signature David Behan	Signature Sir David Nicholson

1. Context and Shared Purpose

Purpose

1.1 This agreement sets out the nature of the working relationship between the Care Quality Commission (CQC) and the NHS Commissioning Board (NHS CB). It captures how we intend to work together at a strategic level to carry out our respective functions for the benefit of patients, users of services, their carers, and the public. We recognise that further thinking is required to develop detailed working protocols, and we have identified key priorities on which we will focus in the first year of this agreement. We set out our intention to establish management arrangements to support and oversee this agreement, and to enable it to develop and mature as the new health and social care landscape takes shape.

1.2 This agreement will sit alongside others which both NHSCB and CQC have in place with organisations operating within the wider health and social care system. It will be reviewed regularly for example to take into account the outcome of the Francis Inquiry.

Ambition

1.3 CQC and the NHS CB are committed to working together to deliver our statutory duty to cooperate and our common purpose to improve outcomes for patients. Our ambition is to foster a culture in which there is support, challenge, engagement, openness and co-ordination at all levels.

Roles

1.4 Our statutory roles are defined in the Health and Social Care Act 2008 and 2012. They are underpinned by the values and behaviours we want to demonstrate by effective joint working. A summary of the legal relationship is included at Annex A.

NHSCB:

1.5 The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The NHS CB will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

1.6 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community. .

CQC:

1.7 The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 (HSCA) as the independent regulator of health and social care providers in England. We also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act. CQC works as part of health and adult social care system with a common purpose of driving improvements to the quality and safety of care services. Uniquely CQC provides assurance that services meet national standards of quality and safety. CQC's purpose is to drive improvement in the quality of care, by:

- Regulating and monitoring services.
- Listening to people and putting them at the centre of our work.
- Acting quickly when standards aren't being met.
- Drawing on our information and unique insight to provide an authoritative voice on the state of care.
- Working with strategic partners across the system.

1.8 Healthwatch will be a statutory committee of CQC, established to enable people to help shape and improve health and social care services. It will operate at both a local and national level, championing the views and experiences of patients, their families, carers and the public. A separate agreement will be developed between the NHS CB and Healthwatch England.

1.9 Both organisations share the fundamental goal of working in a way which supports and promotes the delivery of safe and good quality care for the public. We have identified some joint priority areas for our initial focus in order to achieve this goal. These are set out in detail below.

2. Joint Priorities

2.1 Together we have identified three priorities on which to work in 2012/13:

- Information sharing
- Maintaining quality, early warning and escalation
- Ways of working locally and in the wider landscape

Information sharing

2.2 We commit to working together proactively to share information and intelligence about the quality of care in order to spot potential problems early, and manage risk. To do this we seek to explore ways of sharing data where there is a shared interest or common benefit. We will focus on:

- common data eg data accessed from the Information Centre;
- specific data eg regulatory compliance; and
- data from third parties eg patient data and soft intelligence.

2.3 We will also work together to understand how to make long-term developments to our information sharing, and strive for continuous improvement and increased effectiveness over time.

Commitment

- By April 2013, we will agree a core set of information that we will exchange and the mechanism by which we will share it.

Maintaining quality, early warning and escalation

2.4 The commissioning and regulatory landscape is changing. The NHS CB and CQC recognise that, as our new organisational strategies and structures are developed, the priority must be to maintain a continued focus on quality to ensure that early warning and escalation processes are in place.

Commitment

- We commit to implement the mechanisms proposed by the National Quality Board (NQB) in their draft document, *Quality in the new health system: Maintaining and improving quality from April 2013,* on how the health care system should prevent, identify and respond to serious failures in quality.

Ways of working locally and within the wider landscape

2.5 We recognise that most interactions between CQC and the NHS CB will take place at a local and regional level. As well as maintaining a strong bi-lateral relationship, the NQB arrangements will provide a platform for us to come together with other key parties, to champion quality and collectively push for high standards.

2.6 We recognise that relationships will work differently at different levels in the system. For example, each organisation's relationships will differ and flex depending on the purpose of engagement.

2.7 At the national level we have a role to play in setting the tone for good working relationships between our organisations at local, regional and national level.

Commitment

- By April 2013, we will set out operational details of how CQC and the NHS CB will work together. For example we expect the Local Area Teams (LATs) of the NHS CB will work with CQC regional operation teams as part of the Quality Surveillance Groups arrangements being put in place following the proposals from the NQB.
- We will have developed appropriate training materials to assist this process.
- We will work together to understand each other's strategic vision and consider our own impact on the wider landscape to ensure the best possible outcomes for patients.

3. Governance for Delivering Joint Priorities.

3.1 This initial agreement has been driven by the views of our senior teams, and is a Board-to-Board level agreement. Both the NHS CB and CQC will want to work individually with their respective teams, and together, at all levels, to realise this agreement in practice. This on-going engagement will inform future agreements and establish further joint priorities.

Mechanisms for Overseeing the Agreement

3.2 We will establish governance arrangements to ensure effective working at national and local level as set out below. These will be supplemented by specific task and finish groups which will be tasked with taking forward the joint priority areas outlined above. These arrangements are summarised in table 1 and will be kept under review.

3.3 As the operation of the local and regional quality surveillance architecture is introduced, the NHSCB and CQC will work together to reflect and agree whether this mechanism needs to be supplemented by additional bilateral arrangements to achieve the aims of the agreement. Work is underway to establish relationships between CQC and LATs in view of the NQB proposals.

Table 1: summary of governance arrangements:

Meeting	Purpose	Frequency	NHS CB	CQC
National – Board to Board	Set joint strategic priorities for year ahead, review operation of partnership agreement	Annual	Chairman and Chief Executive, CNO, and others as deemed appropriate	Chairman and Chief Executive, and others as deemed appropriate
National – Lead Directors Business Co-ordination	Operation of the partnership agreement and oversight of delivery of the strategic priorities/ Day to Day co-ordination	Quarterly/as required	Lead National Director (CNO), Director of Partnerships, Nominated Regional Director, supported by co-ordinating teams	CQC Lead Director, CQC Director of Regulatory Policy, Nominated CQC Regional Lead, supported by CQC co-ordinating team

National: Board-to-Board

3.4 Through the annual Board-to-Board meeting, CQC and the NHS CB will agree the joint strategic priorities for the year ahead. They will also review the impact and benefits of working together each year. The key responsibilities of the Board to Board are to:

- agree joint priorities to enable organisations at all levels of the system to deliver their shared objectives; and
- review progress and develop terms of reference which build on the agreement to reflect any changed circumstances.

3.5 The group will be co-chaired by the CQC Chairman and NHS CB Chairman and attended by the Healthwatch England Board Chair, and the lead national directors for the relationship who will provide input and support and ensure continuity with the Lead Directors Business Co-Ordination Meeting (below).

3.6 The group will meet annually to prepare for the following business planning year and review progress.

National - Lead Directors Business Co-Ordination Meeting

3.7 The Lead Directors will identify the strategic priorities for the agreement and once approved by the Board to Board will develop a clear strategy and plan for implementation.

3.8 The key responsibilities are to:

- work across the system to identify and develop priority areas for engagement;
- support the Board to Board in translating high level priorities into practical deliverables;
- allocate resources within the respective organisations to implement the agreed strategy; and
- understand the strengths and weaknesses in the operation of the agreement, so it can be continuously improved

3.9 The group will be co-chaired by the CQC and NHS CB National Directors, and attended by a core team including regional representatives. Suitable deputies may attend where chairs or members are unable to attend. The Group will meet quarterly.

3.10 We are clear that patient quality and safety issues are a priority for our organisations, and we will work effectively at all levels to ensure we deal with concerns effectively.

3.11 It is envisaged that the day-to-day implementation of the support through the joint priorities will be carried out by lead officials within the NHS CB and the

CQC. We are committed to promoting the principle that quality is everyone's business no matter what their role.

3.12 The ways of working build and strengthen the commitment of each organisation to support local partners to develop strong and successful partnerships. Any differences of opinion between the CQC and NHS CB will be resolved at the most appropriate level. For local issues this will be through established local arrangements, at national level this will be through the day-to-day co-ordinating leads and, should issues need to be escalated the Lead Directors Group (LDG) then Board-to-Board level groups will provide resolution as a last resort.

Wider Landscape

3.13 It is also important to recognise that there are other important existing and emerging organisations at a national level. The LDG will establish ways of working at the national and sub-national level with a number of organisations who will play a key role in the successful delivery of better health outcomes.

Our agreement:

3.14 We would describe our approach to joint working as follows:

Support

- Mutually supportive, both deriving value from it;
- Develop trust, and an appropriate setting for challenge;
- Allow us to act independently, where necessary;
- Understanding and acknowledgment of respective roles and cultures;
- Influence each other's approaches, as appropriate;
- Reduce burden where possible.

Communicate

- Empower and enable communication at all levels of the organisations;
- Open and transparent; sharing information in a timely manner, culture of no surprises;
- Aspire to collectively provide a coherent picture of quality of services to the public.

Review

- Valued at highest level of organisation, visible leadership, clear accountability and coherent corporate approach;
- Captured in written documents, co-produced and available to all;
- Relationship should be kept under review, so we can constantly learn.

Annex A

This annex summarises the statutory relationship between the NHS CB and CQC.

This is not an exhaustive list of each of the CQC and NHSCB's duties and powers. The Annex focuses on those duties and powers where there is relevance across both bodies. Not all of the powers and duties listed below are currently in existence. A number are as set out in The Health and Social Care Act 2012 and have not yet been brought into force.

Summary of NHS CB and CQC statutory relationship

General duties

Quality

- CQC's main objective is to protect and promote the health, safety and welfare of people who use health and social care services.
- CQC is also required to perform its functions for the general purpose of encouraging:
  (a) the improvement of health and social care services,
  (b) the provision of health and social care services in a way that focuses on the needs and experiences of people who use those services, and
  (c) the efficient and effective use of resources in the provision of health and social care services.
- The Commissioning Board performs its functions to continue the promotion of a comprehensive health service designed to secure improvements in the physical and mental health of the people of England and in the prevention, diagnosis and treatment of physical and mental illness.

Co-operation

- CQC and NHSCB are both under a duty to cooperate with each other in the exercise of their respective functions.

NHS Constitution

- CQC must have regard to and NHSCB must promote the NHS Constitution, in the exercise of their respective functions.

Specific duties

Involvement

- CQC must have regard to the views expressed by or on behalf of members of the public about health and social care services.
- CQC must have regard to the views expressed by local involvement networks or, in future, Local Healthwatch organisations or Local Healthwatch contractors about the provision of health and social care services in their areas,

- The NHS CB has a duty to promote the involvement of patients, and their carers and representatives, if any, in decisions which relate to them in terms of the prevention or diagnosis of illness, as well as their care and treatment.

Consultation

- CQC must consult such persons as it considers appropriate about any proposed amendment to the Guidance about Compliance where there would be a substantial change. It is the CQC's view that this would include the NHS CB.
- Where CQC intends to issue any guidance or revised guidance in relation to how it will exercise its functions in relation to enforcement actions it must consult those person that it considers appropriate and it is the CQC's view that this will include the NHS CB.
- NHS CB must consult the Healthwatch England committee of the CQC before publishing any guidance for CCGs on the discharge of their commissioning functions.

Reviews

- CQC must consult NHS CB on proposals for topics for reviews, studies and investigations
- CQC can carry out an investigation where it considers there is a risk to health and safety or welfare. Its inspection powers extend to NHS health and social care providers and commissioners of health and social care, including the NHS CB and CCGs.
- CQC has power to give advice to NHS CB about any inquiries into the provision of healthcare

Information collection and exchange

- NHS CB must establish and operate systems for collecting and analysing information relating to the safety of services provided by the health service and make it available to those it considers appropriate.

Regulatory action

- CQC must notify the NHS CB in the event of taking enforcement action with a provider.
- CQC can require the NHS CB to give an explanation of matters necessary or expedient for the purposes of its regulatory functions in relation to the NHS CB

Information governance

- CQC must keep the NHS CB informed of about information governance practice of registered providers
- NHS CB must consult CQC before publishing an information standard and CQC must have regard to information standards published by the NHSCB

Concordat between:

Local Government Association and NHS Commissioning Board

September 2012

Joint Statement

The NHS Commissioning Board (NHS CB) and the Local Government Association (LGA) are committed to working together to support health and wellbeing boards (HWBs) to work across whole communities to drive real improvement and reduce inequalities in the health and wellbeing outcomes of our local populations.

Set within the context of a common, significant set of challenges, including an ageing population, integrating services locally and the financial pressures in the public sector, we will need to work in together at all levels to achieve our aim.

At every level of the new system we will seek to create a common purpose and alignment of all those working across the health system. We will seek to support shared system leadership, sector led improvement, innovation and joint planning, underpinned by a commitment to integrated services and commissioning focussed around the needs of patients and communities. The priority areas set out in this agreement seek to ensure safe and effective high quality care, designed and delivered at local level by those who best understand local needs. HWBs as system leaders will bring together the leaders of the health and care system locally, ensuring that the totality of health spending, through a collective approach to the use of local resources, is dedicated to improving health outcomes of the local population and reducing health inequalities.

Collaboration must go beyond the words written in this document: it must be embedded into everything we do and the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for truly transformational change, during transition and improving outcomes for patients and communities.

Signature Sir Merrick Cockell	Signature Prof Malcolm Grant
Signature Carolyn Downs	Signature Sir David Nicholson

1. Context and Shared Purpose

1.1 This agreement captures the commitment of the Local Government Association (LGA) and NHS Commissioning Board (NHS CB) to work together to form a productive and enduring relationship. It identifies where we can align our values and work together to develop a common purpose. It sets out the ways in which we will strengthen our commitment to encourage shared local leadership, align local plans with local resources and integrated services and commissioning, to ensure we meet the needs and aspirations of patients and local communities.

Roles and Responsibilities

1.2 The Health and Social Care Act, the NHS Outcomes Framework and the Mandate emphasise that collaboration between local government and the NHS is crucial to the future success of clinical commissioning, as part of the wider health and care system locally.

1.3 The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. The core role of the NHS CB is to deliver the objectives set out in the mandate and its statutory duties and functions as well as honouring the commitments made to the public through the NHS Constitution.

1.4 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money, particularly for vulnerable groups, whilst promoting the autonomy of clinical commissioning groups (CCGs) to make decisions that are in the best interests of their community.

1.5 CCGs, using their clinical insight, are statutory organisations responsible for commissioning most health care – planning, buying and monitoring services to meet the needs of their local communities.

1.6 Local authorities, as autonomous organisations, make their own decisions based on the needs of their local areas. The LGA, a politically led organisation, represents local authorities at a national level, and supports improvement where it is needed at a local level.

1.7 HWBs, working with local authorities, play a critical role in bringing together councillors, chief officers, CCGs, NHS CB local area teams and local communities as equal partners to improve health and care outcomes by joining up health and care services and tackling the wider determinants of health such as transport, housing and education.

1.8 This agreement should be read and understood within this context.

2. Joint Priorities

2.1 Together we have identified three priorities on which to work in 2012/13:

- shared system leadership;
- joint planning; and
- sector led improvement and innovation.

2.2 Running through all three priorities will be a theme of integration – both integrated services and integrated commissioning of services for children, young people and adults – designed around the needs of patients, service users and local communities. It will be particularly important to ensure that a holistic, whole life course approach is used to commission services.

2.3 These priorities will be reviewed and updated annually by the Joint Leadership Group.

Shared system leadership

2.4 We are firmly of the view that HWBs are the system leaders, bringing together in one place the leads from across the health, education and the social care systems. We recognise that transition will require working differently, though many local authorities and NHS partners are already adopting new approaches and behaviours. Shared system leadership is needed to deliver improved efficiency and outcomes. It will also need to develop a new, more integrated approach to resource allocation which reinvests efficiencies made in the whole system into agreed local priorities.

2.5 We will therefore work at national level to:

- facilitate and promote shared system learning and leadership at all levels in the system;
- provide leadership support and development through the NHS Leadership Academy, the LGA and other appropriate organisations, including the Society of Local Authority Chief Executives (SOLACE), the Association of Directors of Children's Services (ADCS), the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Public Health (ADPH) and the leadership development programmes of each of those respective professional associations. Support will include the LGA's sector-led improvement programmes, the Children's Improvement Board, the HWB leadership programme, the NHS's Top Leaders and Learning Through Transition programmes.
- support HWBs through the production of the joint health and wellbeing strategy to identify how efficiencies can be reinvested into preventative

services and the wider determinants of health to achieve improved outcomes across the system.

Joint planning

2.6 The Health and Social Care Act 2012 requires that CCG and local NHS CB commissioning plans are informed by the relevant joint strategic needs sssessments (JSNAs) and joint health and wellbeing strategies (JHWSs). It states that HWBs should be involved in developing or significantly revising CCG commissioning plans, and that when published these plans must contain a statement from the HWB about whether the commissioning plan takes proper account of the JHWS.

2.7 There is also an expectation that there will be a reciprocal arrangement with local authorities and that all local commissioning plans produced by the local authorities are supported by HWBs. There is also an expectation that plans produced by Public Health England (PHE) and other bodies are in line with the priorities within the relevant JHWS, as agreed by the HWB. By understanding local needs, supported by shared intelligence and analysis we can make joint commissioning decisions and integrate services around the needs of individuals

2.8 We will therefore work together to:

- support local mechanisms for HWBs and their CCG members to ensure that CCG plans adhere to the relevant JHWS, and where possible services are jointly commissioned;
- ensure that emerging NHS commissioning support units (CSUs) work together with local authorities, making best use of their combined knowledge, resources and expertise, as they assist CCGs to improve outcomes;
- ensure that the NHS CB together with the LGA are able to demonstrate that CCGs and local authorities have clear plans for the deployment and reinvestment of local resources, in line with local needs assessment and outcome-based joint planning and commissioning;
- co-ordinate emergency planning and resilience activities between the NHS, local government and PHE and across the system;
- co-ordinate joint planning for the safeguarding of vulnerable people including children's health services between the NHS, local government and CCGs. In particular, we will work together to ensure that the safeguarding of vulnerable people (including children and adults) during the transition and beyond is given sufficient priority; and
- align the indicators for specific populations, groups and communities in each of the outcomes frameworks (NHS Outcomes Framework, the Adult Social Care Outcomes Framework, the Public Health Outcomes Framework and the Children's Health Framework) to incentivise better collaborative arrangements for commissioning and service provision, thereby enhancing the experience of those engaging with the health and care system.

Sector led improvement and innovation

2.9 Local government and the NHS CB recognise that integrating health, social care and public health services around the needs of patients and local communities is key to improving an individual's experience of services, can drive up quality as well as positively impact on the productivity challenges facing the local public sector. Both organisations recognise that we need to create a system that continually scans for efficient and effective ways of working to improve the health and wellbeing of adults, children and young people - including those with special educational needs and complex health needs. There is already a wealth of knowledge and experience across the health and social care system about how to design and deliver improvement and innovation. The new NHS commissioning system is focussing its approach around a holistic and evidence-based NHS Change Model. The LGA and the NHS CB will work together to establish how the NHS Change Model, and the new Improvement Body, will work in together with the sector-led improvement approach, so that CCGs and local authorities have an effective, clear and consistent approach to improvement and innovation for the benefit of patients, users and the public. This may involve one or more programmes that are mutually consistent.

2.10 Following a discussion about resources, we will therefore:

- align, promote and publicise the work of the NHS Change Model, LGA's sector led improvement programme and the new Improvement Body to assist health leaders through the transition and beyond;
- work with HWBs, CCGs and local authorities to provide a package of support and shared learning for local commissioners to deliver integrated care around the service user and for the whole population, including national support for the development of local commissioning plans to ensure that resources, information and assets are made available to support those plans; and
- work together to put in place arrangements to identify areas that may need support in managing change across a local system and use agreed criteria to establish the type of support required and how this is best delivered.

3. Governance for Delivering Joint Priorities

3.1 We have agreed joint responsibilities which set out the values and behaviours we expect of each other and our constituent bodies.

Joint responsibilities

3.2 When working together we commit to:

- Provide information in good time for discussion and/or consultation;
- Provide a considered, co-ordinated and timely response to issues on which their views are sought or they are consulted;
- Contribute different organisational perspectives to the development of policy;
- Provide constructive comments on emerging policy at a formative stage;
- Contribute ideas on the implications of developing policy and its implementation;
- Promote effective communications;
- Work with sub-national groupings of councils through the LGA's existing networks and the national structure for the NHS CB to ensure that the full breadth of experiences and evidence from across the country are taken into account;
- Strive for consensus as far as possible; recognise it is acceptable to disagree;
- Respect confidentiality where that is required or requested; otherwise to conduct their dialogue openly;
- Ensure a 'no surprise' culture by maintaining dialogue;
- Champion multi agency working.

3.3 A governance framework will be established to deliver our joint ambition to support HWBs and CCGs to deliver whole system leadership.

Joint Leadership Group

3.4 Through the Joint Leadership Group (JLG) the LGA and NHS CB will agree the joint strategic priorities for the year ahead. It will also review the impact and benefits of working together each year. The key responsibilities of the JLG are to:

- agree our joint priorities, which reflect our organisational objectives, to enable both organisations at all levels of the system to deliver their shared objectives;

- agree how local commissioning plans and examples of best practice will inform decisions made by the NHS CB and the JLG; and
- review progress and develop terms of reference which build on this agreement to reflect any changed circumstances.

3.5 The group will be co-chaired by the LGA Chairman and NHS CB Chairman and attended by the Community Wellbeing Board Chair and the NHS CB and LGA chief executives who will provide input and support and ensure continuity with the Leadership Executive Group (LEG - below).

3.1 The group will meet annually to prepare for the following business planning year and review progress.

Leadership Executive Group

3.6 The LEG will identify the strategic priorities for the agreement and, once approved by the JLG, will develop a clear strategy and plan for implementation.

3.7 The key responsibilities are to:

- work across the system to identify and develop priority areas for engagement;
- support the JLG in translating high level priorities into practical deliverables; and
- allocate resources within the respective organisations to implement the agreed strategy.

3.8 The group will be co-chaired by the LGA Chief Executive and NHS CB Chief Executive and will include two appointed representatives from each organisation. Suitable deputies may attend where chairs are unable to attend. The group will meet quarterly.

Concordat between the LGA and the NHS Commissioning Board

3.9 We are clear that commissioning decisions and local issues will be dealt with locally by HWBs. At a national level, the LGA and NHS CB will work together to help support local commissioners in their local decision-making. It is envisaged that the day-to-day implementation of the support through the joint priorities will be carried out by officers within the NHS CB and the LGA.

3.10 The ways of working build and strengthen the commitment of each organisation to support local partners to develop strong and successful agreements. Any differences of opinion between the LGA and NHS CB will be resolved at the most appropriate level, with referral to the LEG, and then the JLG as a last resort.

Wider Partnership Landscape

3.11 It is also important to recognise that there are other important existing and emerging partners at a national level. The LEG will establish ways of working at the national and sub-national level with a number of organisations who will play a key role in the successful delivery of better health outcomes. Together we will develop our relationships with Healthwatch, Public Health England, national representatives of CCGs and other national bodies of key stakeholders. We will also make use of the appropriate self-regulation and sector-led improvement programmes to deliver our shared ambitions, for example the Children's Improvement Board and the LGA Health and Wellbeing Board.

Development of a Partnership Agreement between

Monitor and the NHS Commissioning Board

September 2012

Joint Statement of Intent

Through the development of a partnership agreement, the NHS Commissioning Board and Monitor commit to working in partnership with one another and to supporting each other in carrying out our respective roles and responsibilities for the benefit of patients, users of services, their carers, and the public.

Our shared approach to working together will be characterised by openness and honesty; by a commitment to on-going collaboration and engagement on issues of mutual importance and interest; and by early and pro-active information-sharing.

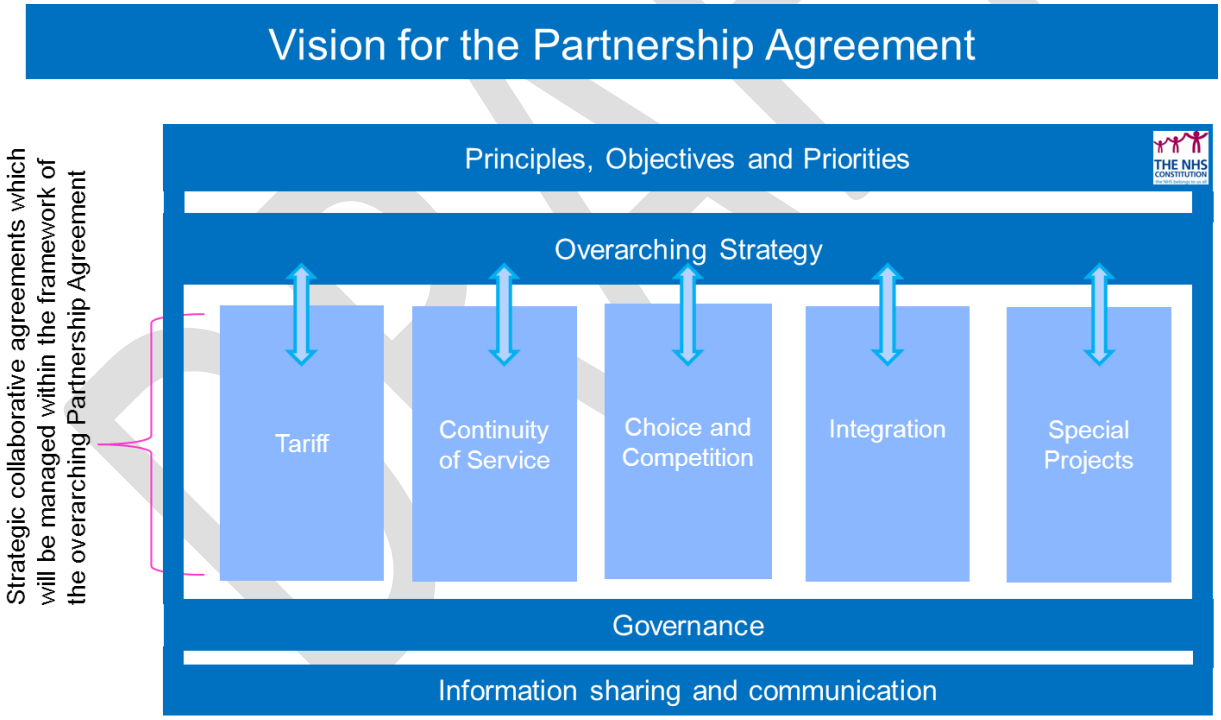
Signature David Bennet (TBC)	Signature Prof Malcolm Grant
Signature	Signature Sir David Nicholson

1. Context and Shared Purpose

The Partnership Agreement will set out a shared vision, values and agreed ways of working, underpinned by clear accountability and governance arrangements. It will include:

- areas of common purpose, reflecting our respective statutory duties and responsibilities;
- a set of agreed priority areas and deliverables; and,
- governance arrangements

Inside the agreement there will be components setting out detailed information about how we will work together on areas of work of strategic importance to achieving the vision for healthcare in England.



Roles and Responsibilities

The partnership agreement will set out the following roles and responsibilities of the respective organisations:

NHS CB

The NHS CB is an autonomous non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. The NHS CB will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

Monitor

Monitor is the independent sector regulator for health. Monitor's main duty is to "*protect and promote the interests of people who use health care services by promoting provision of services which is economic, efficient and effective, and maintains or improves the quality of services*".

As the sector regulator, Monitor will manage key aspects of health care regulation, including: regulating prices; enabling services to be provided in an integrated way; safeguarding choice and competition; and supporting commissioners so that they can ensure essential health services continue to run if a provider gets into financial difficulties. Monitor will also continue to ensure that the boards of NHS foundation trusts focus on good leadership and governance, in line with their duty to be economic, efficient and effective. In addition, Monitor will have a continuing role in assessing the remaining NHS trusts when they apply for foundation trust status.

2. Joint Priorities

This section will explain the 'why and what' of the overall relationship. It will set out both the individual organisations' respective statutory duties, objectives, values and behaviours, where they overlap, and the joint working objectives, values and behaviours that flow from them. These will be the fixed points of reference that will set the scope of the relationship and imbue how the relationship will work in practice.

The strategic priorities of the relationship will be set out in this section as well as the key outputs and deliverables, which will be reviewed and updated at appropriate intervals.

It will be important for Monitor and the NHS CB to align the development of their respective multi-year strategies for delivering their contributions towards the vision for the NHS. This section will therefore set out how we will work together to achieve strategic alignment.

Sitting within the overall partnership agreement, and set out in this section, will be a set of specific agreements on issues of strategic importance. The type of specific agreement will vary depending on the content and context of the work they will cover. We currently envisage five specific agreements covering areas that we either have statutory duties to work together on or where we consider collaboration will otherwise be essential and beneficial for our respective organisations and the system as a whole:

1. Integration
2. Tariff
3. Choice and Competition
4. Continuity of Service
5. Special projects

The first four of these agreements will cover enduring issues where Monitor and the NHS CB will work closely together to produce joint outputs. The agreement for special projects is intended to provide a ready-made generic 'enabler' with predefined terms for other collaborative work that is, for example, either urgent or not otherwise covered by the other four strategic agreements, as the need arises.

The NSH CB and Monitor are already working collaboratively on integration, tariff and choice and competition, providing a good foundation on which to build the formal partnership agreement and the specific agreements over the autumn.

3. Governance

This section of the partnership agreement will set out the governance framework to assure delivery of our shared purpose and joint priorities in support of achieving the vision for healthcare in England. The governance framework will cover:

1. Who makes strategic decisions about the relationship, and when
2. Who provides advice and guidance informing the on-going development of the relationship, such as a joint leadership group
3. How often colleagues from both sides will meet
4. The mechanisms for dealing with urgent and or unforeseen events
5. The process for reviewing the partnership, its priorities and its key deliverables (including reflecting on values, behaviours and working relationships)

6. Details of how and when the partnership agreement would be updated

This section will also set out the approach to information sharing and communications between the two organisations. It will describe how we would share intelligence and use resources sensibly to reduce reporting burdens both from us on the system and within our two organisations, as well as more widely (for example, Parliament, patients and the public), as appropriate.

Partnership Agreement between:

Public Health England and NHS Commissioning Board

September 2012

Joint Statement

The NHS Commissioning Board and Public Health England are committed to working together to protect and improve the nation's health and wellbeing, and to reduce health inequalities. We will work across the whole health and care sector and with local government to drive real improvement in health and wellbeing outcomes through the effective planning, provision and commissioning of health services, and through our combined advocacy for the public's health.

We make this commitment within the context of a set of common, and significant, challenges including an ageing population, increasing burdens of chronic disease, and a challenging economic outlook. Meeting these challenges will require a renewed focus on prevention, early intervention and service integration.

At every level of the new system we will seek to create a common purpose and alignment of all those working across the health system. We will seek to collaborate sharing intelligence, advice and expertise and improve outcomes through effective service delivery.

In working together to shape and deliver the priority areas set out in this agreement we will seek to ensure safe and effective high quality care, that is effectively targeted to secure the maximum gains in health and reductions in health inequalities.

Collaboration must go beyond the words written in this document: it must be embedded into everything we do and the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for truly transformational change, and deliver improved outcomes for patients and communities.

Signature Dr David Heymann	Signature Prof Malcolm Grant
Signature Duncan Selbie	Signature Sir David Nicholson

1. Context and Shared Purpose

Shared purpose

1.1 This agreement captures the commitment of Public Health England (PHE) and NHS Commissioning Board (NHS CB) to work together to form a productive and enduring relationship based on a shared purpose to improve health and wellbeing and reduce health inequalities.

1.2 It identifies where we can align our values and work together to develop a common purpose. We will work together to protect and improve the nation's health and wellbeing, and to reduce inequalities, ensuring effective arrangements are in place to drive improvements in health outcomes for the population.

Roles and responsibilities

1.3 The **NHS CB** is an autonomous non-departmental public body which operates within the wider health and social care system. The overarching role of the NHS CB is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available.

1.4 The Board will fulfil this role through its leadership of the reformed commissioning system. Working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders, it will secure better outcomes, as defined by the NHS Outcomes Framework; it will actively promote the rights and standards guaranteed by the NHS Constitution; and will secure financial control and value for money across the commissioning system.

1.5 The new system of commissioning for the NHS requires the NHS CB to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

1.6 **PHE** is an executive agency of the Department of Health and accountable to the Secretary of State. It has been established to protect and improve the nation's health and wellbeing, and to reduce health wellbeing inequalities. It seeks to work in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing professional expertise, advice and services and showing national leadership for the public health system.

1.7 PHE provide the evidence, intelligence and professional leadership to support the NHS, LAs and other partners to deliver effective services and improvements in

the public's health and reductions in health inequalities. It will work through partners and directly with the public to promote healthier lifestyles and will provide a nationwide service to protect the public from threats to health. PHE will be an advocate for the public's health and will support the transparent reporting of progress through publication of the PH Outcomes Framework.

1.8 The statutory framework for the NHS CB and PHE, and the duties underpinning their cooperation are set out in Annex A.

1.9 This agreement should be read and understood within this context.

Commitments to each other

1.10 PHE and the NHS CB are mutually dependent on each other for the delivery of their individual objectives and common aims. In establishing an enduring partnership

PHE will:

- provide the NHS CB with high quality evidence based public health advice and support to ensure the Board is best able to deliver its aims

- ensure its intelligence, evidence and advice is based on the latest evidence and emerging practice and is tailored to support effective implementation

- provide professional public health advocacy in support of the Board's and the NHS's evidence based plans to improve quality and extract the best impact from the resources available

- ensure the Board has access to suitably qualified professional public health staff, including providing staff on secondment where appropriate

The NHS CB will:

- engage PHE in the development of its strategies, plans and implementation processes to ensure its decisions are informed by population based analysis and that it maximises its impact on improving population health

- work with PHE to ensure that advice and contributions made to the NHS CB are used to best effect.

- support PHE in its role as advocate for the public's health ensuring that the NHS works with its staff and partners to maximise the gains for the public's health

2. Working together

2.1 Close collaboration will be required for the NHS CB and PHE to deliver our individual functions and our common goals. We will work together in a variety of ways, each appropriate to delivering particular outcomes. We will be driven by determination to implement what works, and to secure improvements in health outcomes. Our relationship will be enduring.

2.2 We will have an enduring requirement to collaborate on:

i. Maximising the impact of the NHS on improving health and reducing health inequalities

PHE will work with the NHS CB to ensure we have a common and effective understanding of need, priorities, effective interventions and implementation strategies. That we align our strategies and plans and that we work together to ensure the resources committed to health care secure the best possible improvements in the public's health.

ii. Ensuring the NHS CB has access to PH professionals to support the delivery of specific services

The NHS CB will look to PHE to provide the professional public health support to ensure the delivery of high quality services. PHE's responses will range from supporting Local Authority Directors of Public Health to provide high quality local public health leadership, to the provision of embedded public health staff to work in NHS CB teams for Specialised Commissioning, Immunisation and Screening and any further areas agreed by PHE and the NHS CB.

iii. Ensuring the NHS CB effectively delivers PH services under the section 7A agreement

PHE will support the NHS CB to deliver the high quality services required under the section 7A agreement with the Secretary of State as set out in the public health functions agreement between the Secretary of State for Health and the NHS CB.

iv. Supporting the delivery of "every contact counts" ensuring that NHS staff are effective advocates for improved health

The millions of clinical contacts each day offer real opportunities to provide health improvement and support to the public from trusted professionals. The NHS CB and PHE will work together to ensure we make the most of these opportunities by supporting the 'every contact counts' programme to ensure staff are effective advocates for improved health.

3. Joint Priorities

3.1 Together we have identified three priorities on which to work in 2013/14:

- Establish the new architecture and maintain outcomes
- Develop common strategies to improve health outcomes
- Develop a common strategy to implement "every contact counts"

3.2 Running through all three priorities will be a theme of protecting and improving the nation's health and wellbeing, and reducing health inequalities

3.3 These priorities will be reviewed and updated annually by the Joint Leadership Group.

Establishing the new architecture

3.4 At the National level we have a role to play in setting the tone for good working relationships and practices between our organisations at local, regional and national level. PHE and the NHS CB are committed to working together strategically across an effective, efficient and economical reformed health and social care system to ensure that information sharing and joint working functions effectively at every level.

3.5 We will work together nationally to:

- Maintain services by defining the new ways of working within and between PHE and the NHS CB to enable each organisation to make timely and accurate decisions which will support and enable improvements in health and wellbeing, based on relevant and robust information.

Develop common strategies to improve health outcomes

3.6 We are committed to working together to protect and improve the nation's health and wellbeing, and to reduce health inequalities. We will work together to define and agree the mechanisms for delivering improved outcomes for patients in a number of key areas including specifically adult and children's care.

3.7 We will work together nationally to:

- Ensure we maintain performance in NHS CB commissioned public health services (as defined in the section 7a agreement). Success will be

measured against achievement of key deliverables and indicators as set out in the section 7a agreement.

- Agree how the NHS CB will support the development by PHE of the appropriate mechanism by which nationwide threats to health from infectious disease, radiation, chemicals and other health hazards are tackled and how effective UK-wide emergency preparedness, resilience and response arrangements and put in place.

Implement 'every contact counts'

3.8 Making Every Contact Count is a national programme with region wide commitments across primary and acute care to ensure NHS staff are trained and confident to make the most of these opportunities which help people stay healthy and reduce system-wide costs to the NHS. The public health workforce is a great asset in promoting these messages.

3.9 We will work together nationally to:

- Ensure we make the most of these opportunities by supporting the 'every contact counts' programme to ensure staff are effective advocates for improved health.

4. Governance for Delivering Joint Priorities

4.1 Our governance arrangements set out how we will work together to achieve our joint priorities. Key priorities will be delivered to align with our establishment timeline. These priorities will be reviewed and updated annually by a joint meeting at Board level of each organisation.

4.2 We have agreed joint responsibilities which set out the values and behaviours we expect of each other and our constituent bodies.

Joint responsibilities

4.3 When working together we commit to:

- Ensure best value for money in service quality and delivery
- Ensure a 'no surprise' culture by maintaining dialogue;
- Champion close working relationships within and through our partners;
- Share expertise, advice and information in good time for discussion and/or consultation;
- Provide a considered, co-ordinated and timely response to issues on which their views are sought or they are consulted;
- Contribute different organisational perspectives to the development of policy;
- Provide constructive comments on emerging policy at a formative stage;
- Contribute ideas on the implications of developing policy and its implementation;
- Promote effective communications;
- Strive for consensus as far as possible; recognise it is acceptable to disagree;
- Respect confidentiality where that is required or requested; otherwise to conduct their dialogue openly.

4.4 A governance framework will be established to deliver our joint ambition.

Joint Leadership Group

4.5 Through the Joint Leadership Group (JLG) PHE and NHS CB will agree the joint strategic priorities for the year ahead. It will also review the impact and benefits of working together each year. The key responsibilities of the JLG are to:

- agree our joint priorities, which reflect our organisational objectives, to enable both organisations at all levels of the system to deliver their shared objectives
- consider the added benefits of joint working; and
- review progress and develop terms of reference which build on this agreement to reflect any changed circumstances

4.6 The group will be co-chaired by the PHE Chairman and NHS CB Chairman and attended by the NHS CB and PHE chief executives who will provide input and support and ensure continuity with the Leadership Executive Group (below).

4.7 The group will meet annually to prepare for the following business planning year and review progress.

Leadership Executive Group

4.8 The Leadership Executive Group will identify the strategic priorities for the agreement and, once approved by the Joint Leadership Group, will develop a clear strategy and plan for implementation.

4.9 The key responsibilities are to:

- work across the system to identify and develop priority areas for engagement;
- support the Boards in translating high level priorities into practical deliverables; and
- allocate resources within the respective organisations to implement the agreed strategy.

4.10 The group will be co-chaired by the PHE Chief Executive and NHS CB Chief Executive and will include two appointed representatives from each organisation. Suitable deputies may attend where chairs are unable to attend. The Group will meet quarterly.

Concordat between the PHE and Commissioning Board

4.11 It is envisaged that the day-to-day implementation of the support through the joint priorities will be carried out by officers within the NHS CB and the PHE.

4.12 The ways of working build and strengthen the commitment of each organisation to support local partners to develop strong and successful agreements. Any differences of opinion between the PHE and NHS CB will be resolved at the most appropriate level, with referral to the Leadership Executive group, and then Joint Leadership Group as a last resort.

Partnership landscape

4.13 It is important to recognise that there are other important existing and emerging partners at a national level. The NHS CB and PHE will establish ways of working at the national and sub-national level with a number of organisations who will play a key role in the successful delivery of better health outcomes. There will be a clear need for constructive relationships to be built between PHE, the NHS CB, Clinical Commissioning Groups (CCGs), Local Authorities (including Directors of Public Health) and health and wellbeing boards (HWBs). This will need to be built on strong communication and joint discussion of priorities and issues, based on the joint health and wellbeing strategy and CCG commissioning plans.

4.14 At a local level, CCGs will also benefit from public health advice. Local Authorities will have statutory responsibility for providing healthcare public health advice to CCGs. The Department of Health will have issued regulations setting out how these responsibilities should be discharged, and CCGs are then expected to agree local arrangements with Directors of Public Health.

4.15 The structures and interrelationships with key partners will evolve over time and will be reflected in further iterations of this agreement.

Annex A

Statutory Framework

The statutory framework that underpins this relationship between the NHS CB and PHE sets out a wide range of issues on which collaboration will be essential. Duties are placed on the NHS CB by the Health and Social Care Act 2012 which make a mutually supportive relationship with PHE essential. As an Executive Agency of the Department of Health, the responsibilities of PHE are defined through relevant command papers and policy documents, rather than primary legislation.

The key responsibilities of each organisation as they relate to each other are summarised briefly below:

- The NHS CB has a duty to secure continuous improvement in the quality of health services. To achieve this, it will require the expertise and advice of PHE and the public health professional service it will offer to the NHS CB.

- The NHS CB is committed to reducing inequalities, both in the ability of patients to access health services and in the outcomes achieved for patients by health services. Information from PHE about the evidence base for achieving reductions in inequalities, combined with expertise in needs assessment, will help to meet this requirement.

- The NHS CB will seek appropriate advice from people with professional expertise in public health. Advice is at the heart of this agreement, as it is through the public health professional service that PHE will offer to the NHS CB that the NHS CB is expected to obtain the majority of this advice.

- The NHS CB will ensure it is properly prepared for emergencies which might affect them. The Board will also take steps to secure that CCGs and providers of NHS services are also prepared for emergencies. The Secretary of State may direct the Board to exercise some of his functions relating to emergencies.

- The Act allows the Secretary of State to agree with the Board that it will commission certain public health services on his behalf. This will be done through a section 7a agreement which will delegate responsibilities to the NHS CB for commissioning some public health services. The agreement itself is a separate legal document which sits outside of the contents of this document.

- PHE is expected to deliver services to protect the public's health through a nationwide integrated health protection service, provide information and intelligence to support local public health services, and support the public

in making healthier choices. This health protection service is vital in supporting the NHS CB to perform a range of its functions, particularly around emergency preparedness, resilience and response.

- PHE will provide leadership to the public health delivery system, promoting transparency and accountability by publishing outcomes, building the evidence base, managing relationships with key partners, and supporting national and international policy and scientific development. It will use this leadership and evidence base to provide the public health professional service to the NHS CB, providing advice and expertise across the full range of the NHS CB's responsibilities.